## ASSET TRANSFER & DISPOSAL AUTHORIZATION

**ITEM DESCRIPTION**

- **ITEM DESCRIPTION:**
- **ASSET #:**
- **SERIAL #:**
- **MODEL #:**
- **D.O.C. ID #:**
- **MANUFACTURER:**
- **DATE OF ACQUISITION:**
- **PRESENT CONDITION:**
  - [ ] EXCELLENT
  - [ ] GOOD
  - [ ] FAIR
  - [ ] POOR
- **REPAIRS REQUIRED:**
  - [ ] NONE
  - [ ] MINOR
  - [ ] MAJOR
  - [ ] BEYOND REPAIR

**CURRENT LOCATION**

- **DEPARTMENT NAME:**
- **DEPARTMENT #:**
- **PHYSICAL LOCATION (Room # or Specific Location):**

**RECOMMENDED DISPOSITION**

1. [ ] RELOCATE TO _____________________________ AND TRANSFER CUSTODIANSHIP TO DEPARTMENT _____________________________.
2. [ ] PLACE IN AVAILABLE STORAGE UNTIL _____________________________.
3. [ ] DISPOSE OF IN THE BEST INTERESTS OF XXXXXX HOSPITAL (Select a Recommended Disposal Method Below)
   - [ ] Sale
   - [ ] Trade-In
   - [ ] Donation
   - [ ] Trash
   - [ ] Other: _____________________________

**JUSTIFICATION:**

______________________________

**AUTHORIZATION**

- **REQUESTED BY:**
- **DEPT DIRECTOR** ___________________________ **DATE**
- **APPROVED BY:**
- **VICE PRESIDENT** ___________________________ **DATE**

**IMPLEMENTATION**

- **DISPOSITION ACTION:**
- **ACCOUNTING ACTION:**

______________________________

______________________________